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SIPDIS
SENSITIVE

DEPARTMENT FOR OES/IHB:JJONES,CPATTERSON; EAP FOR DHANNEMAN
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MG, ECON, EAID, WHO, EAGR, ETRD, TH

SUBJECT: MGSF01: ASEAN+3 Flu Ministerial May 7-8

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SENSITIVE BUT UNCLASSIFIED

1. (SBU) SUMMARY: On May 8 Health Ministers from ASEAN + 3 (including China, Japan and South Korea) gathered in Bangkok for a "Special Meeting on Influenza A(H1N1);" a senior officials meeting took place on May 7. The resulting Joint Ministerial Statement asserted that a pandemic was imminent, that the H5N1 avian influenza virus was still a major threat. Participants described Southeast Asia as the best prepared region to cope with an outbreak. The ASEAN+3 ministers rejected imposition of travel restrictions and committed to abiding by WHO recommendations, although the lifting of bans on pork products was not discussed. The Ministers noted ASEAN+3 capacity to manage an outbreak through its regional stockpile of antiviral drugs, and committed to improving research capacity and data sharing. CDC officials participated in DVCs, to widespread acclaim on both days. Indonesia's participation was notable for its opposition to mentioning CDC efforts in the Joint Statement, and in its suggestion that CDC was not fully sharing virus information. END SUMMARY.

BACKGROUND TO THE MINISTERIAL

2. (U) At the suggestion of the Cambodian Minister of Health, the Thai Minister of Health agreed to host in Bangkok an ASEAN+3 H1N1 health ministerial, which the ASEAN Secretariat quickly organized and billed the "Special Meeting on Influenza A(H1N1)." A May 7 Senior Officials Meeting preceded the Ministerial; the Philippines chaired both meetings. Donor countries and press were invited as observers and allowed in all sessions. All health ministers participated except for those from Singapore, Japan and South Korea, who sent senior officials, and Burma, represented by its Ambassador to Thailand.

3. (U) Live speeches were made by the ASEAN Secretary General (SGY) and the Thai Health and Prime Ministers. Digital Video Conference presentations were made by the UN Influenza Director, the WHO Director and Assistant Director General, and the Mexican Minister of Health. Two officials from U.S. Centers for Disease Control and

Prevention (CDC), Dr. Anne Schuchat, Deputy Director for Science and Richard Besser, Acting Director, made live DVC presentations that were well-received. Each Senior Official gave a presentation on respective national H1N1 responses.

14. (U) WHO and CDC presentations stressed the need for continuing vigilance, drawing parallels to the mild beginning of the 1918 epidemic. The presentations recommended against closing borders or mandating travel restrictions: containment was not possible while the economic and social hardships would be too great. The Ministers' Joint statement reflected agreement on these matters. The WHO presentations emphasized that properly prepared swine products were not a danger, but neither discussions nor the Statement touched on the swine import prohibitions that many ASEAN members have instituted.

ASEAN+3 PREPARED BUT NEEDS RESEARCH, VACCINE CAPACITY

15. (U) The ASEAN SGY summarized the ASEAN+3 future focus with five points: establishing a hotline for enquiries and information sharing; increasing coordinated surveillance; planning for exit screening of persons with H1N1 cases leaving any member nation; sharing laboratory research; and planning for regional vaccine and oseltamivir production. ASEAN presenters described SE Asia as the best prepared region in the world due to simulation exercises that all of the ASEAN+3 had conducted as well as the communal stockpiling of oseltamivir. Out of one million courses of treatment, 500,000 had been distributed among the members equally. Another 500,000 courses (450,000 oseltamivir and 50,000 zanamivir) remained stockpiled in Singapore. Also stockpiled were 750,000 sets of personal protective equipment (PPE), half distributed equally to the ten ASEAN members (35,000 each) and 350,000 kept in Singapore. With Japan's help, the Secretariat was working on outbreak logistics training for all ASEAN countries.

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INDONESIAN NEGATIVITY TOWARDS CDC

16. (SBU) In an otherwise positive and forward-looking two days of collaborative treatment of the H1N1 outbreak, Indonesian representatives expressed concern about data sharing by, and the role of CDC. Senior Advisor Widjaja Likito complained that CDC was not releasing genetic sequencing for individual patients. Health Minister Supari Siti Fadilah repeatedly tried to amend the already agreed upon Ministerial Statement with a reference to the importance of the Global Initiative on Sharing All Influenza Data (GISAID), and then withdrew the proposed amendment when the Chinese Health Minister suggested acknowledging CDC's role in H1N1 genetic sequencing.

REMARKS PRAISE DONOR COOPERATION

17. (U) In various remarks by the ASEEAN Secretary General (SGY), the Philippine Chair and Thai officials, all made a point of expressing gratitude to the specific countries that had supported ASEAN preparedness: Japan, Australia and the U.S. (CDC and USAID). The resulting Joint Statement commits to strengthening collaborative research and notes related efforts underway: ASEAN+3 Emerging Infection Diseases (EID) Programme of the ASEAN secretariat (largely funded by AusAid), the Mekong Basin Diseases Surveillance network (MBDS) (officed in Bangkok, a partnership including CDC, USAID, Rockefeller, Google, RAND, WHO, ADB and ASEAN) and the Asian Partnership on Emerging Infectious Diseases Research (APAIR or APEIR) (a partnership formed and supported by the Canadian government's International Development Research Centre [IDRC] Singapore office). In the final press conference, the ASEAN SGY noted that with WHO and CDC help, ASEAN+3 would be able to meet the technical challenges posed by H1N1.

JOINT MINISTER'S STATEMENT

18. (U) The Joint Ministers statement asserts that a "pandemic is imminent" and noted that the H5N1 influenza virus was still a major threat. As "imposing travel restrictions would have very little effect on stopping the virus from spreading but would be highly

disruptive," social distancing and individual preventive measures were preferred. The statement notes the concern that "most global vaccine production capacity is in Europe/North American, and is inadequate to respond to global pandemic...access to enough pandemic vaccines is a major problem."

¶9. (U) In addition to the expected plans to improve preparedness and capacity, the ASEAN +3 nations committed to complying with WHO recommendations; considering a more formal ASEAN +3 information sharing system; encouraging technology transfer related to production of antivirals and vaccines; and establishing joint outbreak teams. The Ministers committed on the national level to "conclude the ongoing Inter-Governmental Meeting on sharing of H5N1 and other influenza viruses...and...equitable sharing of benefits." The press release confirmed that the "meeting also touched upon...enhancing fair and equitable share of benefits."

¶11. (U) POC is regional/bilateral ESTH officer Hal Howard, howardhh@state.gov. The following documents were scanned and emailed to the office of Ambassador to ASEAN Marciel: Schedule; List of Participants; Press Release; Chairperson's Report; and national presentations or speeches. The Joint Ministerial Statement can be found at <http://www.aseansec.org/22543.htm>. ESTHoff emailed a detailed report of the meeting to EAP ASEAN office and OES/IHB. ESTHoff will email a detailed report of the meeting, including country presentations to EAP ASEAN office and OES/IHB. The AusAid-supported Network for Emerging Infectious Diseases in ASEAN Plus Three tracks cases at www.aseanplus3-eid.info.

COMMENT:

¶12. (SBU) While the Indonesian representative's negative interventions towards CDC marred a meeting otherwise characterized by cooperation, virtually all other representatives repeatedly

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expressed to ESTHoff appreciation for USG efforts. Country presentations and the Statement lacked mention of how members were treating suspected cases, which has been controversial in some member states. The meeting reinforced an existing mechanism for responding to outbreaks: distributing a basic load of patient courses of treatment to each member, and stockpiling a common reserve that a member country can draw upon. The meeting and Statement furthered a regional commitment to share research as well as vaccine and drug production.

¶13. (SBU) Despite a few country presentations that mentioned simulation exercises and national interagency coordination, most focused only on health ministry efforts. Absent from the meeting was a plan for having a regional simulation exercise to test preparedness especially in sectors outside of the public health ministries; USG best practices in these two areas might be an avenue for further collaboration. USAID has been providing funding and technical assistance since 2007 to ASEAN multi-sectoral pandemic preparedness, including to ASEAN's Technical Working Group on Multi-Sectoral Pandemic Preparedness. AusAid has spent \$3 million over three years on outbreak preparedness for ASEAN; the AusAid observer told ESTHoff of a new trust fund under consideration for outbreak preparation and response and that partnership with the USG would be welcome.

JOHN